U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information units PATENT APPLICATION FEE DETERMINATION RECORD se & displays a valid CMB control aumber Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 759,98 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (1) FEE (S) BASIC FEE RATE (\$) FEE (S) (37 CFR 1 16(a) (b) & [c]) NA N/A 150.00 N/A 300.00 SEARCH FEE NA (37 CFR 1 16(4), (1), or (mg) N/A NA \$250 N/A \$500 **EXAMINATION FEE** NA (37 CFR 1 16(a), (b), or (a)) NA NIA \$100 NIA \$200 TOTAL CLAIMS (37 CFR 1 16(4)) minus 20 • X\$ 25 X\$50 OR INDEPENDENT CLAIMS (37 OFR 1 15(h)) minus 3 X100 X200 If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1 16(e)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37, CFR 1 16(1)) +180= +360= " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (5) AFTER ADDI: 06 AMENDMENT PREVIOUSLY RATE (\$) EXTRA ANN. **AMENDMENT** TIONAL PAID FOR TIONAL Total FEE (S) FEE (1) 6 X\$ 25 d X\$SO ٥٥ 600 OR Minus ટ O X100 X200 600.°° Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18Q) +180= +360= OR /Fcc Paid TOTAL TOTAL 50 ADD'L FEE OR *12*00. ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 20, NUMBER PRESENT '১6 RATE (5) ADDI-**AFTER** RATE (S) PREVIOUSLY **EXTRA** ADOL-AMENDMENT TIONAL PAID FOR TIONAL Total FEE (S) Minus FEE (1) O7 CFR 1.180 X\$ 25 X\$50 OR (A7 CFR 1.140v) Minus X100 X200 Application Size Fee (37 CFR 1.15(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(2)) +180= +360= TOTAL TOTAL OR ADD'L FEE if the entry in column 1 is less than the entry in column 2, write "I' in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". ADD'L FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the 10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comp ing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments a seminant of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patient redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, QO NOT SEND FEES OR COMPLETED FORMS TO THIS IESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.